



UTAH HOUSE OF REPRESENTATIVES

CONFLICT OF INTEREST & FINANCIAL DISCLOSURE

All versions of this document, including amended versions, shall remain on the legislative website and in the House main office(hard copy) for two years from the date the completed form is received by the Chief Clerk.

NOTE: "preceding year" means the year immediately preceding the day on which the officeholder files a Conflict of Interest form. [UCA: 20A-11-1602\(6\)](#)

Date: January 04, 2018

Name of officeholder: mike kennedy

Employment

([2014 Gen. Session, HB 394](#): An officeholder is required to disclose each of the officeholder's current employers, as well as employers during the preceding year.)

Current Employer(s)	Description of Employment	Occupation and/or job title
Premier Family Medical 275 W 200 N Lindon, UT 84042	Family Doctor	Family Doctor

Preceding Year's Employer(s)	Description of Employment	Occupation and/or job title
Same as above	Same as above	Same as above

Entities in which you are an owner or officer.

[\[2014 Gen. Session, HB 394, pg.21\]](#)

Current Year: Entity Name	Type of business or activity conducted by each entity	Your position in each entity
Premier Family Medical	Health Care	Owner

Preceding Year: Entity Name	Type of business or activity conducted by the entity	Your position in each entity
Same as above	Same as above	Same as above

Each individual or entity from whom the regulated officeholder has received \$5,000 or more *in income* currently and during the preceding year.

[2014 Gen. Session, HB 394, pg.21]

NOTE: UCA 20A-11-1604(5)(b) "in making the disclosure..., a regulated officeholder who provides goods or services to multiple customers or clients as part of a business or a licensed profession is only required to provide the information described in Subsection (4)(e) in relation to the entity or practice through which the regulated officeholder provides the goods or services and is not required to provide the information described in Subsection (4)(e) in relation to the regulated officeholder's customers or clients."

Name of individual or entity	Type of business or activity conducted by the entity
None	

Each entity in which you currently hold any stocks or bonds having a fair market value of \$5,000 or more, including info for the preceding year.

[2014 Gen. Session, HB 394, pg.21]

(excludes funds that are managed by a third party, including blind trusts, managed investment accounts, and mutual funds)

Name of entity	Type of business or activity conducted by the entity
None	

Entity or organization for which you serve on the board of directors or in any other type of paid leadership capacity (include current and preceding year).

[2014 Gen. Session, HB 394, pg.21]

**(only required to list those entities not already listed in responses to questions 3, 4, or 5)*

Name of entity or organization	Type of business or activity conducted by the entity	Your position in the entity or organization
ENDO-C Institutional Research Board studying the medicinal applications of Cannabidiol	research	Board Member

Description of any real property in which the legislator holds an ownership or other financial interest that the legislator believes may constitute a conflict of interest.

(optional)

[2014 Gen. Session, HB 394, pg.22]

Description of the real property	Description of the type of interest held by the legislator
None	

Name of spouse and any other adult residing in your household who is not related by blood or marriage, and their employment information. Include current employer(s) and employer(s) during the preceding year.

[\[2014 Gen. Session, HB 394, pg.22\]](#)

Name of Spouse: Katrina

Spouse's current employer	Address
None	
Spouse's employer in the preceding year	Address
None	

Information for other adults not related by blood or marriage who are living in the same home as officeholder.

Name of Individual	Brief description of employment & occupation
None	

Any other matter or interest you believe may constitute a conflict of interest. *(optional)*

[\[2014 Gen. Session, HB 394, pg.22\]](#)

I certify that I believe the information provided on this form is true and accurate to the best of my knowledge.

s/ mike kennedy
(Signature of Legislator)

January 04, 2018
(Date)

Received by the Chief Clerk of the House:

January 04, 2018
(Date)